



## **Supplemental Application Data Sheet**

### **Application Information**

<b>Application number::</b>	10/716,333
<b>Filing Date::</b>	November 18, 2003
<b>Application Type::</b>	Regular
<b>Subject Matter::</b>	Utility
<b>Suggested classification::</b>	
<b>Suggested Group Art Unit::</b>	
<b>Title::</b>	Improved Delivery For Interstitial Radiotherapy Using Hollow Seeds
<b>Attorney Docket Number::</b>	WORLD-01004US3
<b>Request for Early Publication?::</b>	No
<b>Request for Non-Publication?::</b>	No
<b>Suggested Drawing Figure::</b>	3
<b>Total Drawing Sheets::</b>	1
<b>Small Entity?::</b>	Yes

### **Applicant Information**

<b>Applicant Authority Type::</b>	Inventor
<b>Primary Citizenship Country::</b>	United States
<b>Status::</b>	Full Capacity
<b>Given Name::</b>	Richard
<b>Middle Name::</b>	A
<b>Family Name::</b>	Terwilliger
<b>Name Suffix::</b>	
<b>City of Residence::</b>	Southbury
<b>State or Province of Residence::</b>	Connecticut
<b>Country of Residence::</b>	United States

<b>Street of mailing address::</b>	604 Old Field Road
<b>City of mailing address::</b>	Southbury
<b>State or Province of mailing address::</b>	Connecticut
<b>Country of mailing address::</b>	United States
<b>Postal or Zip Code of mailing address::</b>	06488
<b>Applicant Authority Type::</b>	Inventor
<b>Primary Citizenship Country::</b>	United States
<b>Status::</b>	Full Capacity
<b>Given Name::</b>	Gary
<b>Middle Name::</b>	A.
<b>Family Name::</b>	Lamoureux
<b>Name Suffix::</b>	
<b>City of Residence::</b>	Woodbury
<b>State or Province of Residence::</b>	Connecticut
<b>Country of Residence::</b>	United States
<b>Street of mailing address::</b>	373 Old Sherman Hill Road
<b>City of mailing address::</b>	Woodbury
<b>State or Province of mailing address::</b>	Connecticut
<b>Country of mailing address::</b>	United Staes
<b>Postal or Zip Code of mailing address::</b>	06798-0505

### **Correspondence Information**

<b>Correspondence Customer Number::</b>	23910
<b>Phone number::</b>	(415) 362-3800
<b>Fax Number::</b>	(415) 362-2928
<b>Email address::</b>	mbasch@fdml.com

### **Representative Information**

**Representative Customer Number::** 23910

### **Domestic Priority Information**

<b>Application::</b>	<b>Continuity Type::</b>	<b>Parent Application::</b>	<b>Parent Filing Date::</b>
This Application	Divisional of	<del>40/432,920</del> <u>10/132,930</u>	04/26/02
10/132,920	An application claiming the benefit under 35 USC 119(e)	60/336,329	11/02/01
and	An application claiming the benefit under 35 USC 119(e)	60/362,260	02/26/02

### **Foreign Priority Information**

<b>Country::</b>	<b>Application Number::</b>	<b>Filing Date::</b>	<b>Priority Claimed::</b>

### **Assignee Information**

**Assignee Name::**

**Street of mailing address::**

**City of mailing address::**

**State or Province of mailing address::**

**Country of mailing address::**

**Postal or Zip Code of mailing address::**